

Declarations

Businessowners Policy



Please read your policy

American Family Insurance Company
 6000 American Parkway
 Madison WI 53783
 For customer service and claims service
 24 hours a day, 7 days a week
1-800-MY AMFAM (1-800-692-6326)
amfam.com

Named Insured And Mailing Address

Mountain Edge Condominium Association
 PO Box 2611
 Crested Butte CO 81224-2611

Policy Information

| Policy number | Policy period | Billing account number |
|----------------|--|------------------------|
| 91001-86290-58 | 7/1/2024 to 7/1/2025 12:01 A.M. Standard Time at your mailing address shown above. | 695-563-002-04 |

Business and Operations Information

Year Started: 1981
 Description of Business and Operations:
 Form of Business: Corporation

Insurance applies only for coverages for which a limit of insurance or the word "Included" is shown unless coverage is provided by an endorsement. Blanket Insurance applies only for coverages for which a Blanket Limit of Insurance is shown.

As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Number: 91001-86290-58

| Premium Information | |
|---|-------------|
| Total Advance Premium Per Term (Excluding Surcharges and Terrorism): | \$60,290.89 |
| Certified Acts of Terrorism Premium: | -102.99 |
| Total Advance Premium Per Term: | \$60,187.90 |
| Premium with Customer Full Pay Discount (not available on policies billed to a Third Party): | \$57,182.34 |

This premium may be subject to adjustment. You may be charged a fee when: (a) you pay less than the full amount due; (b) your payment is late; and/or (c) when your bank does not honor your check or electronic payment. Refer to your Billing Notice for fee amounts.

| Policy Level Coverages | |
|--|---------------------------------------|
| Property Causes Of Loss | |
| Causes Of Loss | Risks of Direct Physical Loss |
| General Liability | |
| Liability And Medical Expense Limit | \$1,000,000 Per Occurrence |
| Medical Expense Limit | \$10,000 |
| Other Than Products/Completed Operations Aggregate..... | \$2,000,000 |
| Products/Completed Operations Aggregate | \$2,000,000 |
| Condominium Enhancement | Refer to BPF 87 90 |
| Level | Gold |
| Cyber Data Breach Coverage | Refer to BPF 84 75 |
| Without Business Interruption | |
| Directors And Officers Liability | |
| Level | Gold |
| Named Association | Mountain Edge Condominium Association |
| Directors And Officers Liability Annual Aggregate Limit Of Insurance | \$1,000,000 |
| Deductible | \$1,000 |
| Retroactive Date | 09/04/2013 |
| Extended Reporting Period | Yes |
| Employee Dishonesty | |
| Limit | \$100,000 Per Occurrence |
| Deductible | \$1,000 |
| Hired Auto And Non-Owned Auto Liability | Refer to BP 04 04 |

Policy Number: 91001-86290-58

| Additional Insured(s) Information | | | |
|---|--|----------|--|
| Name | Type | Interest | Location |
| Crested Butte Lodging & Property Management, Inc. | Additional Insured - Managers or Lessors Of Premises | | 11 HUNTER HILL RD CRESTED BUTTE CO 81224 |

Agent Information

Teresa Weinman Insurance Agency INC.

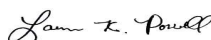
tweinman@amfam.com

PO BOX 774050
STEAMBOAT SPRINGS CO 80477
1-970-879-7266

AUTHORIZED REPRESENTATIVE



President



Secretary

Policy Number: 91001-86290-58

Location 1 - Location Level Coverages**Location 1 - Location Details****Program:** Condo/Townhouse Associations**Location Address:** 11 HUNTER HILL RD CRESTED BUTTE CO 81224**Location Description:****Windstorm Or Hail Deductible**

Deductible \$50,000

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| | |
|--|--------------------|
| Location 1 Building 1 - Building Level Coverages | |
| Location 1 Building 1 - Building Level Details | |
| Building Address: 11 HUNTER HILL RD CRESTED BUTTE CO 81224 | |
| Occupancy: Residential Condominiums without Mercantile | |
| Building Interest: Owner - Leased to Other | |
| Building Description: Condominium Association | |
| Per Building Property Deductible (Apply Per Building, Per Occurrence) | |
| Deductible | \$50,000 |
| Water Damage Or Ice Damming Deductible - Per Unit | |
| Deductible | \$50,000 |
| Building | |
| Limit Of Insurance | \$19,605,600 |
| Equipment Breakdown Coverage applies. | |
| Replacement Cost Coverage applies. | |
| Business Personal Property | |
| Limit Of Insurance | \$13,900 |
| Automatic Increase in Coverage | 4% |
| Business Income Options | |
| Extended Number of Days For Ordinary Payroll Expense | 60 Days - Included |
| Extended Number of Days For Extended Business Income | 60 Days - Included |
| Business Income From Dependent Properties | |
| Limit Of Insurance | \$5,000 |
| Business Income And Extra Expense - Revised Period of Indemnity - Number Of Consecutive Days | |
| | 24-Months |
| 72 Hour Waiting Period applies. | |
| Ordinance Or Law | |
| Coverage 1 Limit Of Insurance | |
| Coverage 2 Limit Of Insurance | |
| Coverage 3 Limit Of Insurance | |
| Coverages 2 And 3 Combined Limit Of Insurance | |
| Coverages 1, 2 And 3 Combined Limit Of Insurance | \$4,901,400 |
| Business Income And Extra Expense Optional Coverage applies | Refer to BPF 84 64 |
| Number Of Hours Waiting Period For Period Of Restoration Applicable To Business Income And Extra Expense Optional Coverage | |
| | 72 Hours |
| Water Back-Up And Sump Overflow (Building) | |
| Building Limit | \$100,000 |
| Deductible | \$5,000 |

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| Location 1 Structures | |
|---|----------------------------|
| Location 1 - Structure Level Coverages | |
| Valuation Method | Replacement Cost |
| Per Location Property Deductible for Structures (Apply Per Location, Per Occurrence) | |
| Deductible | \$50,000 |
| Scheduled Structures | |
| Structure Description | Whirlpool, Hot Tub, or Spa |
| Limit Of Insurance | \$30,000 |

Policy Number: 91001-86290-58

| Forms And Endorsements | | |
|-------------------------------|---------------------|--|
| Form Number | Edition Date | Title |
| BP 00 03 | 07 13 | Businessowners Coverage Form |
| BP 04 02 | 07 13 | Additional Insured - Managers Or Lessors Of Premises |
| BP 04 04 | 01 10 | Hired Auto And Non-Owned Auto Liability |
| BP 04 12 | 04 17 | Limitation Of Coverage To Designated Premises, Project Or Operation |
| BP 04 17 | 01 10 | Employment-Related Practices Exclusion |
| BP 04 30 | 07 13 | Protective Safeguards |
| BP 04 39 | 07 02 | Abuse Or Molestation Exclusion |
| BP 04 93 | 01 06 | Total Pollution Exclusion With A Building Heating Equipment Exception And A Hostile Fire Exception |
| BP 05 01 | 07 02 | Calculation of Premium |
| BP 05 15 | 12 20 | Disclosure Pursuant To Terrorism Risk Insurance Act |
| BP 05 17 | 01 06 | Exclusion - Silica Or Silica-Related Dust |
| BP 05 23 | 01 15 | Cap On Losses From Certified Acts Of Terrorism |
| BP 05 38 | 01 15 | Exclusion Of Other Acts Of Terrorism Committed Outside The United States; Cap On Losses From Certified Acts Of Terrorism |
| BP 05 77 | 01 06 | Fungi Or Bacteria Exclusion (Liability) |
| BP 05 98 | 07 13 | Amendment Of Insured Contract Definition |
| BP 14 07 | 01 10 | Business Income And Extra Expense - Revised Period Of Indemnity |
| BP 14 78 | 07 13 | Exclusion Of Loss Due To By-Products Of Production Or Processing Operations (Rental Properties) |
| BP 14 81 | 07 13 | Limitations On Coverage For Roof Surfacing |
| BP 15 04 | 05 14 | Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception |
| BP 85 04 | 07 10 | Exclusion - Lead Liability |
| BP 85 05 | 07 98 | Exclusion - Punitive Damages |
| BP 85 10 | 07 98 | Other Insurance Limitation Liability And Medical Expenses |
| BP 85 12 | 01 06 | Asbestos Exclusion |
| BP IN 01 | 07 13 | Businessowners Coverage Form Index |
| BPF 80 01 | 08 18 | Businessowners Policy Jacket |
| BPF 80 03 | 08 18 | Businessowners Coverage Form Changes |
| BPF 81 04 | 08 18 | Colorado Changes |
| BPF 83 09 | 08 18 | Water Damage Or Ice Damming Deductible - Per Unit |
| BPF 83 10 | 08 18 | Windstorm Or Hail Flat Deductible |
| BPF 84 10 | 08 18 | Business Personal Property Automatic Increase In Coverage |
| BPF 84 11 | 08 18 | Building Limit Inflation Protection Coverage |
| BPF 84 21 | 08 21 | Water Back-Up and Sump Overflow |

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| Forms And Endorsements (continued) | | |
|---|---------------------|--|
| Form Number | Edition Date | Title |
| BPF 84 64 | 08 21 | Ordinance Or Law Coverage |
| BPF 84 71 | 08 18 | Employee Dishonesty - Property Manager(s) |
| BPF 84 72 | 08 18 | Employee Dishonesty Board Of Directors Member(s) |
| BPF 85 25 | 08 18 | Marijuana Exclusion |
| BPF 85 26 | 05 22 | Exclusion - Biometric Data, Identifiers or Information |
| BPF 86 03 | 08 18 | Roof Surfacing Loss Payment Schedule |
| BPF 87 01 | 08 18 | Condominium Association Coverage |
| BPF 87 90 | 08 21 | Condominium Enhancement Endorsement |
| BPF 89 02 | 08 18 | Directors And Officers Liability Endorsement - Gold (Condominiums, Co-Ops, Associations) |
| BPF 89 04 | 08 18 | Colorado Changes Directors And Officers Liability Endorsement (Condominiums, Co-Ops, Associations) |
| CFR 80 00 | 10 16 | Policy Change Document |
| CFRN 015 | 05 22 | Notice to Policyholders - Exclusion - Biometric Data, Identifiers or Information |
| CFRN 026 | 09 23 | Notice of Increase in Premium |
| CFRN 027 | 10 23 | Notice to Policyholders - Cyber Data Breach Coverage |
| IL 75 26 | 12 05 | Colorado Endorsement Change |
| PLCF 28835 | 12 20 | Offer Of Terrorism Insurance Coverage And Disclosure Of Premium |

The complete policy consists of these declarations and the forms and endorsements at the time of issue.

Each paid claim under **Section II - Liability** and **Medical Expenses** coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II - Liability** in the BUSINESSOWNERS COVERAGE FORM and any attached endorsements.